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[Reprinted from THE MEDICAL NEWS, February 11, 1893.]

A CASE OF "ACCIDENTAL" HEMORRHAGE, WITH UTERINE INERTIA.

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IN the early morning of June 11, 1891, I was called to see Mrs. O., twenty-eight years old, at term in her fourth pregnancy. In the latter part of the night she had had pains characteristic of beginning labor, which became suddenly more intense about 4 A.M., when a flow of blood was noticed. When I arrived, the hemorrhage, which was slight, had ceased, and the patient complained only of slight pain in the back.

Vaginal examination discovered the cervix low in the vagina; the os dilated to about the size of a silver quarter; the cervix flaccid; the membranes intact; the head presenting. On abdominal palpation the uterus was found lax.

After an hour, there being no increase of pain and no further show of blood, I left; but called twice during the morning—the last time just before noon, when the pain had ceased entirely. Examination revealed no change since my first visit.

I did not hear from the case again till the evening of June 15th, when I was sent for in great haste, and informed that the patient was flooding badly. I found her with pallid countenance, cold extremities; moist, clammy skin; sighing respiration, weak and rapid pulse. The clothing and bedding were saturated with blood, which was dripping on the floor beneath. There was

still a slight flow of blood from the vaginal outlet. Examination revealed about the same condition as was present in the first instance. The head occupied the right oblique diameter. Two fingers could be passed their full length through the os and swept entirely around without reaching the placenta. There was not, nor had there been, any pain.

The question of treatment now presented itself. Immediate delivery was imperative. I believed the uterine inertia, so marked in this case, to be due, partly at least, to over-distention; and later developments proved this to be true.

First ascertaining that the bladder and rectum were empty, and being satisfied that the os would not impede delivery, I gave a dram of fluid extract of ergot in hot water, to insure contraction after the escape of the liquor amnii, and to secure permanent contraction after emptying the uterus, intending to rupture the membranes and deliver immediately with forceps. In ten or twelve minutes the effect of the ergot became manifest in vigorous uterine contractions, a widening os, and tense membranes. I now ruptured the membranes, when it became apparent that the use of the forceps was precluded, spontaneous delivery occurring in a few minutes. The child, a ten-and-a-half-pound boy, was very slightly asphyxiated. The placenta was delivered immediately by expression, a little less than an hour after my arrival at the house. It was very large and extremely friable. The uterus contracted firmly—the tonic contraction of ergot. The mother's pulse now was nearly normal in rate and tension. Before leaving, I repeated the dose of ergot as a safeguard against relaxation. The patient's lying-in was altogether normal. She informed me that between the 11th and 15th she attended to light household duties as usual; that on the evening of the 15th, she was sitting in her room sewing and talking with some friends who had called, when, without warning, the hemorrhage

occurred. She lost consciousness, was removed to her bed, and restoratives were applied.

In the latter months of pregnancy there was considerable daily loss of blood per rectum, which ceased a few days before labor and did not return afterward. It did not cause any perceptible impairment of health. It may have served the useful purpose of relieving tension in the friable utero-placental vessels.

This case is reported solely because it presents some unusual features. While ergot accomplished the delivery, it was not administered for that purpose. In spite of the fact that this case seemed specially adapted for the peculiar action of ergot and of the remarkably rapid expulsion of the child, there was some asphyxia, due, I am convinced, to continuous pressure upon the cord and placenta after the membranes were ruptured. Nevertheless, I believe that in selected cases of uterine inertia ergot is indicated—provided the hand that administers the ergot can also, if necessary, reinforce or modify its action with the forceps. The ability to select the cases would presuppose the latter qualification.